

**MEETING TITLE: STANDARDS COMMITTEE****DATE: 5-28-03****ATTENDEES: Larry Fay, Jan Fleming, Eric Inouye, Vicki Kirkpatrick, Mary Looker, Rick Mockler, Maggie Moran, Nancy Reid, Don Sloma, Christie Spice, Kim Thorburn, Linc Weaver, Jane Wright, Torney Smith, Jack Williams, Rita Schmidt**

ISSUES	DISCUSSION	DECISIONS	FOR ACTION
Interim Activities: Abstract for Joint Conference  Outline for PHELF discussion on Admin. Measures  DOH-PMT	An abstract for the Joint Conference was submitted requesting a major session that would focus on the Standards. Speakers would include MCPP, Mary Selecky, and other state and local managers.  There will be a work session with PHELF.  On May 30, there will be a presentation to the DOH PMT about the results of the baseline with a work session.	Focus of presentation should be on priority areas and action.	Follow-up to line up speakers.  Request their help and buy off on the measures.
Guidelines for the use of the Baseline Reports and Analysis	The work of the Subcommittee was presented. It included different kinds of use of the results and proposed protocols to follow. Discussion focused whether these kinds of protocols were needed. Perhaps it would be helpful to have a document that discussed some of the uses that could be made of the data.	Protocols are not needed and the baseline results should be available to anyone who wants them.	This should be communicated to WSALPHO.
Work session	At the previous meeting there were four objectives identified for the work plan of the committee for the year. The committee broke into four groups and identified details for carrying out these objectives. Each subgroup was asked to identify a budget and a timeframe for the work.	See attached, worksheets.	These will be transmitted to Joan for inclusion in the proposed 2003-2005 PHIP Work plan to be presented to the PHIP Steering Committee on June 24.
Update on the 2003-05 PHIP Work plan	A draft of the other PHIP committee work plans was reviewed. The discussion focused on whether there is enough of a common vision to integrate all the committees' work. Are the key indicators measuring the issues the system standards are set up to create or improve. If we put the indicators out there are we setting up expectations that Public Health can't deliver. Should there be training at the Joint Conference about the Public Health identity. Should training be done specifically for WSALPHO on using the new identity tools.		Items from the discussion will be passed on to the other committees.
Membership for 2003-2005	All committee members will receive a letter from Joan Brewster's office sometime after July 1, 2003 asking if members want to continue on the committee. New members may be needed to fill slots already vacant and all existing members were asked to be thinking about new people to recruit.		Respond to the letter.

**Next Meeting: To be announced-September Timeframe**

<p><b>1. Objective:</b></p> <ul style="list-style-type: none"> <li>• Establish a system wide plan that addresses a high priority area (Quality Improvement) identified by the results of Baseline study.</li> <li>• Provide applied and experiential training aimed at improving system wide performance and documentation on future self-assessment and performance measurement processes.</li> </ul>
<p><b>Products</b></p> <ol style="list-style-type: none"> <li>1. Plan and implement a QI Initiative: Training – practical tips to doing QI, not theoretical, training should include applications and real life experiences.</li> <li>2. Develop process and documentation templates</li> <li>3. Conduct an evaluation of this implementation</li> </ol>
<p><b>Types of Resources Needed:</b></p> <p>Consultant to work statewide on planning and implementing QI training, template production and evaluation. Assistance from consultant for on-going reference and support</p> <p>Regional trainings</p> <p>QI Consultant available post-training, on-going to give onsite or phone consultation</p> <p>Another consultant to evaluate this process.</p>
<p><b>Resources Available:</b></p> <p>Baseline results. Statewide groups: forums or regional networks. Existing technical expertise.</p> <p>Skilled technical QI consultant.</p>
<p><b>Link to Other Committee Work:</b></p> <p>Workforce Development; possibly PHIT if data tracking is a need</p> <p>Indicators committee to focus on internal QI indicators.</p>
<p><b>Additional Partners To Involve:</b></p> <p><b>Forums of WSALPHO; higher education, PHELF, other forums and networks (e.g., health educators, assessment coordinators) nursing and EH directors forums and other training resources</b></p>
<p>National Leaders to Consult or Involve:</p>
<p><b>Other / Comment:</b> The Standards Committee leadership suggests that a likely candidate for the topical area is QI, because scores need to improve across a range of measures at both state and local levels. Training makes sense, because lack of documentation and planning was a common deficit.</p> <p>Cross-cutting issue – low performance state and local</p> <p>Hire consultant at start of biennium.</p> <p>Launch at the Joint Conference to support 04 self-assessment.</p> <p>Training to follow shortly thereafter.</p> <p><b>Consultant on board through biennium.</b></p>
<p><b>Timeline:</b></p> <p>Roll out at Joint Conference, and then implement ASAP regionally to support self-assessment in 2004. Consultant remains on through biennium.</p>
<p><b>Budget:</b></p> <p>\$100,000</p>



<b>STANDARDS</b>
<b>2.Objective:</b> Implement a schedule to carry out performance measurement in public health, on a continuous basis.
<b>Products</b> <ul style="list-style-type: none"> <li>• Training happening before self-assessment or peer review (not to anyone)</li> <li>• Self-assessment tool provided; scores self-reported</li> <li>• Independent measurement conducted, statewide in 2005</li> <li>• Data report published, documenting change from baseline</li> </ul>
<b>Types of Resources Needed:</b> Consultants to format self-assessment tool. Guides and training to assist program staff and agency leadership in preparing for both self-assessment and measurement. Consultants to carry out independent measurement; more than 75 site visits for consultants and significant preparation for local and state staff. Additional materials (standards booklets and posters) may be needed.
<b>Resources Available:</b> Past studies, guides and training plans to be used for prep for self-assessment and to prepare for site visits. Joint conference in each year provides one opportunity for training. Forums and other statewide meetings can also be used.
<b>Link to Other Committee Work:</b> Communications: linking performance to key messages Finance: in conjunction with separate effort to link performance measurement and financing Workforce Development: Include knowledge of standards in workforce assessments
<b>Additional Partners To Involve:</b> UW, PHLI, to train new people, integrated
<b>National Leaders to Consult or Involve:</b> CDC Office – PHPPPO and ASTHO, NACCHO committees
<b>Other / Comment:</b> This effort is level funded in the budget and may be insufficient because the consultants expended considerably more time than budgeted in the past biennium. To the plus side, however, most of the developmental work (templates, guides, training manuals, and software) have been developed and could offset costs.
<b>Timeline: Self Assessment 2004, Independent Assessment 2005</b>
<b>Budget: \$170,000</b>



<b>STANDARDS</b>
<p><b>3.Objective:</b>  <b>Include Administrative Capacities in the 2005 measurement of the Public Health System to gather baseline data regarding the administration of all public health sites.</b>  <b>Field-test the proposed Administrative Capacities in 2003-4 to determine suitability for inclusion in the performance measurement.</b></p>
<p><b>Products</b></p> <ul style="list-style-type: none"> <li>• Develop a tool for a field test that would include the performance and quantitative measures.</li> <li>• Field test the measures at 1 state site and 3 local sites</li> </ul>
<p><b>Types of Resources Needed:</b></p> <ul style="list-style-type: none"> <li>• Staff time and a committee to work with consultant.</li> <li>• Consultation with a prosecuting attorney/contract attorney</li> <li>• Consultant to develop format for assessment of administrative performance based on previously developed set of capacities.</li> <li>• Volunteer agencies and program.</li> <li>• Use existing results from other audits if/as possible and monitoring results that already occur. Data base development to collate the results?</li> </ul>
<p><b>Resources Available:</b>  Prototypes for tools, draft of the capacities and measures.  Existing audits of other measurements  Knowledgeable staff</p>
<p><b>Link to Other Committee Work:</b>  Expected implications for workforce development, information systems, and financing. Various advisory boards, consolidate contracts, human resources implications</p>
<p><b>Additional Partners To Involve:</b>  PHELF has indicated a willingness to take the lead on this work, providing on-going support and discussion. WSAC, local boards of health, decision makers, state auditor, risk management, prosecuting attorney association, PHIP, SAO, WGEB, DIS</p>
<p><b>National Leaders to Consult or Involve:</b>  NACCHO, ASTHO, GASBE 34, national organizations, PHLI, Labor Relations Institute  NITSA, CDC, HRSA, USDA</p>
<p><b>Other / Comment:</b>  The budget for this effort is quite minimal, depending largely on volunteer support. The effort could suffer as a result, so it will take dedicated attention by a forum or other body to work.</p>
<b>Timeline: July 2003-November 2004</b>
<b>Budget: \$10,000</b>

<b>STANDARDS</b>
<b>4.Objective:</b> Link the work of the Standards Committee to that of the Finance Committee. Develop a cost model of the standards that shows the relationship between many factors (east/west, large/small, urban /rural, financing type) and performance on the standards.
<b>Products</b> A cost model of the Standards. Data that either substantiates or relates correlation between various exogenous factors and performance with the standards. Test the cost model with reality. Focus on review of a couple of LHJ's Analysis that shows what activities are best performed at what level/scale?
<b>Types of Resources Needed:</b> Consultants to work with subcommittee of members from both the Standards Committee and the Finance Committee. Three – four meetings of subcommittee Consultation fees – Marty Wine – no meeting facilitator necessary Methodology to quantify community assets.
<b>Resources Available:</b> Cost model of the current level of work. Membership continuity from Standards and Finance Committee Baseline data from each LHJ and DOH BARS data Local government, arbitration data; DOH accounting system
<b>Link to Other Committee Work:</b> Finance Committee
<b>Partners to Involve:</b> DOH, all LHJs Specific pilot sites PHELF
<b>National Leaders to Consult or Involve:</b> NACCHO, ASTHO, other governmental examples (other branches of government that have undertaken cost models?)
<b>Other:</b>
<b>Timeline: 2004</b>
<b>Budget: Estimate \$55,000</b>